THE AGA KHAN UNIVERSITY

PostGraduate Medical Education, East Africa

Department of Medicine
Internal Medicine Residency Program
Resident Manual

Message from the Chair

Welcome to the Department of Medicine! I am tremendously proud of our department and its vital contributions to the overall mission of the Aga Khan University in Nairobi, Kenya. I believe that the three key sections that define our department include: Patient Care, Resident Education, and Research Activities. We strongly believe in our core values of caring and compassion to ensure that our faculty and residents always provide top-notch care to our patients; care that is evidence based and promotes patient safety and patient satisfaction.

Our department is strongly committed to clinical education by providing residents with interactive classroom and bedside evidence-based learning in an environment that nurtures personal, professional and academic growth. Our faculty, both trained locally and internationally, are expert teachers who provide mentorship and are dedicated to improving their teaching and research methods. We are highly committed to research activities that help define the present and future of medicine. We encourage our resident to be involved in research activities to also foster an appreciation of basic science as well as clinical research.

We warmly welcome you to the Department of Medicine and look forward to your training as leaders of the future for Kenya, East Africa, and the World.

Michael H. Chung, MD, MPH

Chair and Professor

Department of Medicine

Aga Khan University

Nairobi, Kenya

Message from the Program Director

Welcome to the Aga Khan University, Nairobi Internal Medicine Residency Program!

The Department of Internal Medicine houses the largest residency at the institution and has a long-standing history of training outstanding physicians. We strives to achieve excellence in its mission of patient care, education and research.

Our goals at the Aga Khan University, Nairobi Internal Medicine Residency Program is to provide our residents with superior training that will enable them to offer top-notch, professional, evidence based care to their patients and families. The program here not only foster academic growth, but also teaches residents on principle of communication, professionalism, patient safety and empathy to help them become well-rounded physicians.

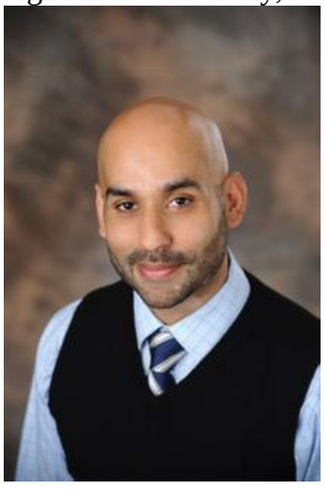
Our residents have the opportunity to work with our highly specialized faculty, who have trained both locally and internationally, in the inpatient and outpatient settings. Our faculty is always available to provide residents with mentorship and guide them as needed through their residency at this institution.

Our curriculum is designed to provide our residents with a wealth of general internal and sub specialty medicine, solidifying their foundation to being successful upon graduation. In addition, our program prepares our residents for diverse careers in internal medicine with an emphasis on general internal medicine in the outpatient and/or hospital setting. We focus on both didactic, peer to peer, as well as bedside interactive teaching to improve sharing of evidence-based knowledge.

Our department faculty are highly involved in research activities and we encourage all our residents to be involved in research projects, with faculty mentorship, to help foster academic growth, explore interest in research opportunities, and to complete resident's dissertation projects.

We warmly welcome you to our department and look forward to working with you.

Sayed K. Ali MD, FACP
Faculty, Internal Medicine
Faculty, Palliative Care
Associate Professor, Department of Medicine
Aga Khan University, Nairobi, Kenya



AKU Vision
Aga Khan University will be an autonomous, international institution of distinction, primarily serving the developing world and Muslim societies in innovative and enduring ways.

AKUH, Nairobi Vision
To become the premier tertiary, teaching referral Hospital within a regional network capable of serving sub-Saharan Africa

Department of Medicine Vision
To establish the Aga Khan University Department of Medicine as the best internationally recognized site for medical education, clinical care, and academic research in the country.

Principles

1) Education
   - Educating students defines our existence as an academic department
2) Care
   - Giving patients the best possible clinical care using evidence-based practices is our purpose
3) Research
   - Expanding medical knowledge and seeking better ways to improve therapeutic outcomes drives our faculty

Values
The Department of Medicine values:

- **Professionalism** as demonstrated by philanthropy, responsibility, fairness and treating everyone with kindness, respect and dignity
- **Patient-Centeredness** as the core of everything we do and we demonstrate this by highly satisfied patients and families
- **Compassion** for our patients, their families and our co-workers
- **Excellence and Innovation** as leaders in patient care, research and educating future physicians
- **Diversity** as an essential component of inclusivity in our mission
- **Teamwork**, as we are more effective together than as individuals
- **Scholarship** as fundamental to all our work
- **Stewardship** of our resources as this will allow us to sustain our mission

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INTRODUCTION

The Aga Khan University Department of Medicine Residency Program in Nairobi, Kenya is proud of the diverse settings and clinical arenas within which our residents have the privilege of training. However, our program believes that the key to the development of confident and competent physicians is the acknowledgment that each resident progresses differently concerning their knowledge, skills sets, proficiency and efficiency in the Internal Medicine. Care is taken to ensure that roles of the residents during each the four post-graduate years are well defined. In addition, every reasonable effort is made to ensure that the rate of individual development is appropriately assessed in relation to the level of each resident's personal growth in the clinical arena. The Aga Khan University has been one of the pioneer institutes for initiating structured medical residency programs in Kenya. The Department of Medicine is one of the largest departments at the Aga Khan University and under its umbrella there are subspecialties including Cardiology, Gastroenterology, Neurology, Endocrinology, Oncology, Pulmonology, Infectious Diseases, Endocrinology, Rheumatology, Nephrology, Dermatology, Psychiatry, and Internal Medicine.

The postgraduate teaching activities of the Department of Medicine include a four-year fully structured training program, offering clinical training in Internal Medicine and medical subspecialties, adherent to the requirement of the Commission for University Education (CUE) in Kenya. Internal Medicine is the discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision-making, a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.

The practice of Internal Medicine requires comprehensive knowledge of human biology, behavior and spirit and an understanding of epidemiology, disease pathophysiology, and principles of management. In addition, the practice of Internal Medicine requires proficiency in medical interviewing, physical examination, differential diagnosis, diagnostic testing, therapeutic techniques, counseling, disease prevention, and patient education.

The Residency Program of the Department of Medicine at the Aga Khan University will provide the intellectual environment, formal instruction, and broad experience necessary for the resident to acquire the knowledge, skills, and attitudes essential to the practice of Medicine. To help you make the transition from undergraduate to postgraduate level, the Department's Residency Training Committee has produced this manual to provide a framework for your orientation and continuation in the program. In addition to providing useful practical information, this manual also introduces you to the system of evaluation and assessment, which is pivotal in guiding you through four years of productive and hopefully enjoyable learning.

At the end of the postgraduate training programme, attending staff physicians complete an Interim Summative Assessment form (ISAF) for each trainee. The supervisor will discuss with the trainee his or her performance on that particular rotation. In addition to ISAFs, programs may have other means of evaluation including OSCEs, daily logs, min -CEX etc. that are routinely performed and documented. In the event that a resident receives an unsatisfactory evaluation, s/he shall meet with the Program Director to discuss the identified deficiencies, and shall acknowledge, in writing that the deficiencies were discussed. It is the joint responsibility of the resident and the Clinical Supervisor/Rotation Supervisor to make prompt arrangements for such a meeting.

"Reasonable expectations" should be appropriate to the level of training of the candidate. At the end of each rotation, the Program Director meets with each trainee and reviews their performance in that timeframe. Assessments are forwarded to the Academic Office and if need be, issues can be escalated to the Post Graduate Medical Education Committee which is a standing committee chaired by PGME Director and it reports to the Associate Dean for Postgraduate Education. At the end of the period of training, a final evaluation, which is a summary of all in-training evaluations, is sent to Directorate Board of Examination (DBE) or other specialty certifying boards as required by the trainee. The Final In-Training evaluation report is completed at the end of training/residency and will be used for credentialing and verification purposes.

Expected Program Outcomes

The resident will acquire the ability to care for a wide range of clinical problems. This ability is fostered by experience on general medical services, both inpatient and outpatient with exposure to a wide spectrum of diseases.

The resident at our program will develop skills in diagnosis as well as mature judgment in therapy by the study of etiology, pathogenesis, clinical presentation, and natural history of various diseases.

The resident will learn to function in harmony with other members of the health care team and become proficient in interpersonal relationships and in the organization and management of patient care.

Residents will develop the ability to treat patients humanely. Emphasis upon other aspects of life, with special emphasis on the family will be stressed.

The resident will understand and be able to apply the basic concepts of decision-making, management techniques and clinical epidemiology. The resident will become expert in retrieval and assessment of medical literature.

Development of the skills to access and interpret medical information using electronic media, computer information systems and the principles of evidence-based medicine.

The Residents should be prepared during the four-year residency to pass their final assessment in the MMed Program.

At the end of the 4 years, successful students will be awarded a Master in Internal Medicine (MMed) from the Aga Khan University.

SELECTION AND ORIENTATION OF NEW RESIDENTS

a) Selection Criteria / Recruitment of Residents

- This is done initially by advertisement in the print media

- The applicant must hold MBChB or equivalent and they must have completed internship training in a recognized institution and registered as a medical practitioner by the Kenya Medical Practitioners and dentists Board or another mutually recognized body. Members of the Selection Committee review applications from the candidates and are selected on the basis of academic qualifications, previous performance, letters of recommendation, communication skills, and personal qualities.

- There is an initial multiple choice question (MCQ) paper and the top candidates are selected for oral interview

- Single or multiple faculty interview the candidates, using standardized questions. A set number of candidates, determined by the University, are selected to join the residency program

- Selected candidates are required to attend a three-day orientation programme arranged by the Academic Office.

b) Orientation for First Year Residents / The General Medicine Rotation

Orientation will be conducted by the Faculty, the Post Graduate Medical Office and by the Hospital Administration.

During the first week, new residents will participate in a university-wide orientation program that will have sessions on human resources, library functionality, information and communication as well and attend introduction to medical education common course. In the second week, the residents will be introduced to the faculty and staff in the department, and have sessions with the Chair, Program Director and Coordinator, where they will be given an overview of the Residency Program and the concept of self-directed learning, along with a brief orientation of the tools used for postgraduate medical education at the Aga Khan University.

The residents will rotate through all the sections of the department, during which they will be introduced to the working of the sections from Accident and Emergency to Discharge. They will be briefed about the various types of admissions, cross consultations and supporting units. Handbooks will be issued which provides key clinical information and solutions to common problems faced in the practice of Internal Medicine.

Team Structure

- Each team consists of a senior and junior resident and at least 2 attending consultants
- The intern will rotate in various teams as per allocation
- **Team structure for the year will be sent as a separate document**

Call Schedule

- Each resident will rotate within a team lead by consultants for 2-3 months unless they have special rotations that take them outside the medicine unit. Some rotations will be one-month rotations.

- Each team admits patients on every fourth day

- Once admitted, the R1 takes a thorough history and does a proper physical examination, s/he then discusses the patient in detail with the senior resident /registrar, who verifies the history and examination of the junior member of the team. They discuss the management plan in detail, carry out all necessary procedures, and document their findings in the patient file.

- The R1 to R3 are expected to be within the hospital premises AT ALL TIMES WHEN THEY ARE ON CALL. They are required to be physically available at any time through the call.

- The R4 are second-on-call and are expected to be in the hospital when on call and if required for any complicated cases or procedures. They are required to be physically available at any time through the call.

- The Checkout rounds are carried out as a sign out round at 1600 hrs. and conducted by the senior resident of the team. All patients are discussed in details. We use a secure process via SLACK and Wunderlist to carry transitions of care. Details will be discussed during orientation.

- The person on the floor covering the admissions for that night receives a report on all the patients in the ward.

- After the exit round, the patient hand-over is given to the on-call team.

- The resident doctor on-call must inform the consultant of all the admissions at the day and call for the admissions at the end of the day and call for any emergencies/difficult cases both medical and administrative.

- The consultant in a particular subspecialty may be called initially if deemed necessary but the primary consultant must be informed of such action in case there is consideration of transfer of live or need for multiple specialty follow up.

Learning Modules for 2018

Month	**Module 2018**	Duration
January – February	**Endocrinology** **Coordinator: Dr Kunyiha**	**8 weeks**
March – April	**Nephrology** **Coordinator: Dr Sokwala**	**8 weeks**
May – June	**Gastroenterology** **Coordinator: Dr Rajula**	**8 weeks**
July – August	**Rheumatology** **Coordinator: Dr Otieno**	**8 weeks**
September – October	**Dermatology** **Coordinator: Dr Owili**	**8 weeks**
January to September	**Infectious disease** **Coordinator: Dr Reena**	**Weekly for 9 months**
November	**EXAMS**	

- ✓ Year 1 & 2 – FOCUS ON APPLIED BASIC SCIENCES
- ✓ Year 3 & 4 – APPROACH TO CLINICAL SYNDROMES AND SCENARIOS

Subspecialty Clinic Rotations and External Rotations

Rotation	Duration
Cardiology Sub-specialty clinic: **Dermatology**	8 weeks 4 weeks
Neurology/Hematology/Oncology	6 weeks/ 6 weeks
ID/Pulmonology Sub-specialty clinic: **Gastroenterology**	4 weeks/ 4 weeks 4 weeks
Endocrinology/Nephrology Sub-specialty clinic: **Rheumatology**	4 weeks/ 4 weeks 4 weeks
ICU in both R1 and R3	4 weeks/ 3 months
Internal Medicine Clinic (R3 and R4)	1 month
Research Rotation (R2, R3 and R4)	1 month
Elective Rotation (R2, R3 and R4)	1 month
Psychiatry Rotation R2	1 month
Accident and Emergency Rotation R1	2 months

Outpatient Clinics

The R2 to R4 will be expected to attend two clinics a week with an expected attendance of 6 -8 clinics in each specialty listed above.

The R1 will be expected to work predominantly on the wards with dedicated time in the Accident and Emergency and Intensive Care Unit.

- The residents must keep a log of all clinics attended and cases seen in the outpatient clinics during their rotations. This will be reviewed every 3-4 months by the Program Director.
- If a resident fails to attend the stipulated clinics, they will be required to make up for these clinics before their final year.
- Failure to attend required clinics may result in failure to progress to the next year. A decision will be made by Department Residency Training Committee (DRTC) and after Directorate Board of Examiners (DBE) review.

- Resident will also be required to fill faculty evaluations that will be submitted to the department at the end of the rotations.
- **TERMS OF REFERENCE**

a) Department Residency Training Committee (DRTC) and Membership

1. The committee is chaired by the Program Director. Matters arising are reported to the Chairman and the PGME Director.

2. It consists of three faculty members and a one resident representative from each year and the Chief Resident who will be selected by the residents.

3. It discusses and monitors the training of the residents in all aspects – education, service and research

4. Ongoing feedback to the residents is encouraged.

5. The residents' views and any issues may be freely addressed in this forum

6. Administrative issues and disciplinary matters are discussed at this forum

b) CHIEF RESIDENT

- This will be a competent resident ideally in year 3 or 4 who will be nominated by their peers

- He or she will report directly to the Program Director

- Under direction of Program Director, organizes on-call duty Rota, annual duty Rota and earned leaves schedule.

- Under direction of Program Director deputizes residents extra duty for participation in disciplinary action.

- Monitors attendance of residents at department academic rounds

- Acts as a liaison between faculty and resident body

- Reports to Program Director and Resident Training Committee

- Organizes and chairs general meeting of resident body (at least 6 meetings annually).

- He or she will be responsible for the organization of mortality and morbidity sessions within the department

- He or she will keep documentation of the mortalities in the department and records should be available at any time if required

- He or she will be in-charge of the Monday morning meeting
- He or she will represent the residents at the DRC with one other resident from year 2 or 3.
- He/She will serve for one year

c) ELECTED RESIDENT MEMBER, RESIDENT TRAINING COMMITTEE (DRTC)

1. Elected by general voting of all residents.
2. One member from each year of training
3. Reports to resident body all pertinent issues arising from Resident Training Committee.
4. Represents the general opinion of resident body at Resident Training Committee.
5. Liaises with Chief Resident in all issues concerning order and disciplinary actions.
6. Acts as recording secretary at general meetings of resident body.
7. Serves for one year.

COURSE OBJECTIVES

Learning Objectives, Learning Environment and Tools

The postgraduate teaching activities of the Department of Medicine includes a four-year fully structured training program, offering clinical training in general medicine and medical subspecialties, adherent to the requirement of the Commission for University Education of Kenya (CUE).

The Internal Medicine Residency Program at the Aga Khan University is designed to provide a comprehensive four-year educational experience for residents in Internal Medicine. Provision of the opportunity to function within the context of a team approach to patient care through interacting effectively with physicians of other disciplines, nurses, unit receptionists, nutritionists, pharmacists, physiotherapist, social services, and other paramedical personnel etc. The study of the basic medical sciences will form an integral part of the clinical education of the resident. At our program, residents will learn to make ethical decisions regarding patient care and to behave ethically towards all those with whom they deal. The program will encourage the development of a desire for continuing Self-Directed Learning. Basic sciences will be taught in a Problem Based Learning Model on a regular basis. There will be a Part 1 MMed Examination, which will assess knowledge and skills in applied clinical science at the end of the second year of training. The final Part 2 examination will be a clinical examination at the end of year 4 which will aspects stated in the part one examination and overall clinical competence

The training program will place emphasis on not only medical problems, but also on cultural, socioeconomic, ethical, occupational, environmental, and behavioral issues.

In the residency program provision of careful and fair evaluation of resident performance, with appropriate feedback and guidance will be given to assure appropriate development in all areas of training and professional behavior.

COMPETENCY FRAMEWORK

Duties and Responsibilities of Residents

The Residency program requires its residents to obtain competence in patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice to the level needed to practice internal medicine. Residents will participate directly in the care of patients with various illnesses in Critical Care Units. Experience in the ambulatory care setting will provide appreciation of the natural history of disease and familiarity with common problems encountered in practice of internal medicine. Residents will have training in the proper and efficient use of laboratory data and special procedures. Residents should become familiar with the appropriate utilization of medical rehabilitation services. Residents in the Department of internal medicine should participate actively in clinical research and be able to critically review journals and perform sound literature reviews.

Responsibility of Trainers

The resident will be given provision of an appropriate balance of inpatient, critical care, and ambulatory training experiences. Residents will have sufficient exposure to each of the recognized medical subspecialties to become fully familiar with the role and contribution of each to effective patient care. Residents will be given graded responsibility for patient care during their 4 years of residency such that there is an appropriate balance between supervised training, autonomy, and individual responsibility. Residents will have experience with diagnosis and management of all categories of medical emergencies of adult patients seen in an active Emergency Room (ER) Rotation. There will be focus on the development of skills and principles of efficiency, cost-effectiveness, and managed care, to be fully prepared to enter the current health care environment.

R1

Patient Care:

- The R1 should be responsible for all aspects of patient care on a minute-to-minute and day-to-day basis. The R1esident acts as the patient's primary physician.
- With complex and/or seriously ill patients, the R1 should work closely with the Senior resident, the attending physician and the various consultants
- Understand and weigh alternatives for diagnosis and treatment of common conditions.
- The resident should obtain a complete and thorough history.
- Elicit detailed findings on physical examination.
- Contribute to development and completion of management plans.
- On review of the patient these should be charted clearly in the evaluation sheet
- Prior to discharge of the patient, the R1 should review with the R3/R4 (senior resident) the diagnoses, inpatient treatment, discharge medications, and plans for medical follow-up
- Put forward professional services while maintaining cost effectiveness of care

Procedures

- The resident will be expected to carry out certain procedures listed in the logbook but strictly under supervision by a more senior resident. The purpose of this is to ensure that procedures are learnt well and correctly. Logbook will be handed out at orientation and can be collected from residency program coordinator.
- Simple procedures will be observed initially and then the resident may carry them out on their own
- Where uncertain even about a simple procedure the resident must ask for assistance from a senior resident or consultant
- The resident will be expected to observe the more complex procedures and assist where allowed to
- Carry out simple procedures (Outlined in the procedure log book)
- We expect that the degree of supervision and amount of assistance required will diminish as the resident progresses through the year.

Interpersonal and Communication Skills:

- Write pertinent and organized progress notes daily and on any review of the patient by themselves or by faculty supervision.
- Use effective listening, narrative and non-verbal skills to elicit and provide information.
- Work effectively as a member of the health care team.
- Create and sustain therapeutic and ethically sound relationships with patients and families.

Professionalism:

- The resident should be learning to establish trust with patients and staff.
- They should be honest, reliable, cooperative and accept responsibilities allocated to them from their senior colleagues and senior residents
- The resident should be seen to demonstrate respect, compassion and integrity.
- There should learn to demonstrate sensitivity to patient culture, gender, age, preferences and disabilities.
- The resident should learn and be encouraged to acknowledge errors and work to minimize them.

Practice-based Learning and Improvement:

- The resident should aim to understand personal limitations of knowledge. The learning log will be used as documentation of cases seen and managed as observer or actively
- Should show a willingness to learn from mistakes. The reflective journal will be a tool for significant event recording and an opportunity to discuss these with his mentors or teachers

- Is expected to be self-motivated and to acquire knowledge.
- Will be expected to accept feedback and develop self-improvement plans.
- Should understand the multi - disciplinary and team approach to comprehensive care of the patient

Systems -Based Practice:

- Advocate for high quality patient care and assist vulnerable patients in dealing with system complexity.
- Demonstrate ability to adapt to change.

Medical Knowledge:

- Use written and electronic reference and literature sources to learn about patients' disorders.
- Be able to apply knowledge to patient care to begin to formulate a care plan.
- Become familiar with the subjects taught in the modules
- Initially will only assist in research and observe the actual presentations both for clinical cases, journal club or case-based learning
- Further texts will be recommended by each subspecialty

At the end of the first year, the R1 would be expected to know how to obtain good clinical history, perform appropriate physical examination, and interpret laboratory data and to have a systematic approach to arrive at a differential diagnosis and be a safe doctor. He/she should be able to know, how to perform common medical procedures.

R2

R2: All of the above, and:

- The R2 resident will work alongside the R1 and provide the guidance to the R1.
- The resident will help to facilitate and teach the year one how to conduct presentations and should be a role model for the R1.
- The R2 will be given increased responsibilities in the ward team structure
- The R2 will be expected to support the R1 on the ward and in the out-patient department
- The resident will be introduced to the outpatient clinic once a week.
- Provide education and counseling to patients, families and colleagues.
- Show increasing understanding of the taught modules for learning
- Be aware of indications, contraindications and risks of commonly used medications.
- Apply the basic, clinical, epidemiologic and social behavioral science knowledge to the care of the patient
- Understand and weigh alternatives for diagnosis and treatment of less common medical conditions.
- Use diagnostic procedures and therapies appropriately
- Elicit subtle findings on physical examination.

- Obtain a precise, logical and efficient history.
- Interpret results of procedures properly.
- Be able to manage multiple problems at once.
- Develop and carry out management plans
- Display initiative and leadership.
- Be able to delegate responsibility to others.
- Demonstrate commitment to ethical principles pertaining to the provision or withholding of care, patient confidentiality, informed consent and business practices.
- The resident will be expected to present in journal clubs and other presentations
- The resident should demonstrate increasing competency in procedures and be able to seek help where required
- Apply knowledge of how to collaborate with health care team members, consultants, and primary care physicians to assess, coordinate and improve patient care.
- Use systematic approaches to reduce errors.
- Participate in developing ways to improve systems of practice and health management.

R3

All of the above, and:

- The R3 resident is a senior member of the team.
- The resident is expected to take on a leadership role for the junior residents and on the wards.
- The resident is expected to play a supervisory role to the R1 and R2
- The resident is expected to impart their knowledge to the other self-development
- The resident is expected to have acquired good interpersonal skills and be able to communicate with colleagues, patients, relatives respectfully and skillfully
- The resident is expected to demonstrate an increasing knowledge of literature review and be able to critique articles skillfully
- The resident is expected be involved actively in out-patient clinic management
- The resident should be involved in community-based services
- The resident should demonstrate the attitude of a life-long learning and be able to receive and give constructive feedback
- The resident is expected to demonstrate a clear understanding and utilization of self-directed learning and an ability to utilize the learning tools with ease
- The resident should be able to conduct a large number of procedures unsupervised and be able to request senior supervision where in doubt
- Be able to communicate with consultants and referring physicians with confidence and clarity
- Demonstrate advanced understanding of the taught modules and application of the principles taught to patient care
- Be able to teach R1 and R2 and be involved in continuous medical education
- Demonstrate an investigatory and analytic approach to clinical situation
- The resident should be seen to be reasoning well in ambiguous situations
- He should be able to apportion time appropriate to the complexity of the clinical problem.
- The resident should demonstrate commitment to on-going professional development
- Analyze personal practice patterns systematically, and look for areas to improve.

- The resident should have gained good procedural skills and technique for practical procedures
- Provide cost effective care
- Understand how individual practices affect other health care professionals, organizations and society
- Demonstrate knowledge of types of medical practice and delivery systems. Practice effective allocation of health care resources that does not compromise the quality of care.

R4

All of the above, and:

- The R4 is the senior most member of the resident team.
- The resident is expected to take on a leadership role and provide role modeling for the other residents and on the wards.
- The resident is expected to play a supervisory role to the other residents and is expected to teach the R1 and R2 as part of their self-development
- The resident is expected to have acquired good interpersonal skills and be able to communicate with colleagues, patients, relatives respectfully and skillfully
- The resident is expected to have gained a sound knowledge of literature review and be able to critique articles skillfully
- The resident is expected be involved actively in out-patient clinic management and have some ward administrative duties
- The resident should be involved in community-based service
- The resident should demonstrate the attitude of a life-long learning and be able to receive and give constructive feedback
- The resident is expected to demonstrate a clear understanding and utilization of self directed learning and an ability to utilize the learning tools with ease
- The resident should be able to carry out most medical procedures (see logbook) apart from sub specialist procedures as first operators. They should in turn be able to teach and supervise the junior residents
- The R4 will organize mortality and morbidity sessions and each will take half the academic year for this exercise
- They will be responsible for the writing of Medical Reports required of the department and supervise the R3

  At the end of the year, the resident will present his dissertation. The resident should be at a professional and academic level of a junior consultant

Patient Complaints

In the event that a patient or his/her attendant, house officer/intern, resident, faculty member , member of the hospital administration of nursing staff registers a complaint regarding one of the residents, that complaint regarding one of the residents, that complaint will be investigated.

If there appears to be substance to the complaint, the concerned resident will be asked to discuss the situation with the program director. The resident may write a formal rebuttal, which will become part of his or her record. If the program director concluded that the complaint was unjustified, no further record will be maintained of the incident. If it is concluded that there has been misconduct, disciplinary action will be taken.

TEACHING ROTA/WEEKLY SCHEDULE

Work Schedule

- The residents of all postgraduate level in the Internal Medicine Residency program work daily from 07:00 am
- The R1/R2 are expected to do an early morning round before 8 am to facilitate the organization of the daily rounds and provide a means for the resident to review their patients before the start of the day
- The R3/R4 are expected to know patients in their team in utmost detail before the consultant round.
- They are expected to attend daily morning teaching activities of the department 5 days a week and attend ward rounds with the team assigned
- They would be expected to do 1 in 4 on call schedule, and the timings of call would be from 8 am to the end of hand over the next day.
- ALL residents are expected to be at hand over unless doing an external rotation or stationed outside the unit officially.
- In addition, the R2 will be assigned outpatient clinics with the Faculty.
- Residents are expected to work as team and support fellow residents for cover in the case of emergency at the official request by the program director or coordinator

Weekly Rota

Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
8.00 – 9.00 am	Mortality and morbidity meeting	Morning report	MKSAP questions/OSCE	FHS Academic Rounds	Module learning (Part I and II separately)

Rounds

- These will run from approximately 9.30am
- They will include for each session 1 comprehensive history from a R1/R2 and 1 clinical case for the R3/R4 which will be presented to the consultant
- In the rare case that a consultant cannot make it to the ward round, the senior resident will conduct the round and the consultant re-schedule the round with his/her team
- Morning rounds will be conducted by the R2 resident daily per team in preparation for the teaching round.
- A member of each team must conduct a daily early round for follow up and the consultant informed of days activities.

Weekly Schedule R1

Time	**Mon**	**Tues**	**Wed**	**Thurs**	**Friday**
07.00 – 08.00am	Morning round	Morning round R1&R2	Morning round R1&R2	Morning round R1&R2	Morning Round R1&R2
08.00– 09.00am	**Ward Report(M&M)**	**Morning report**	**MKSAP/OSCE**	**FHS Academic rounds**	**Modular teaching**
09.15 - 11.30am	Teaching rounds	Teaching rounds	Teaching rounds	Teaching rounds	Teaching rounds
11.30- 12.30pm	Discharges	Discharges	Discharges	Discharges	Discharges
12.30-01.30pm			ID Seminar	**Hospital CME**	
01.30-4.30pm	**Re-Write ALL T-SHEETS** Ward work	Ward work	Ward work	Ward work	Ward work
04.30pm	Rounds per team by senior residents & Hand over	Rounds by senior residents & Hand over	Rounds by senior residents & Hand over	Rounds by senior residents & Hand over	All teams. Walking Hand Over

Weekly Schedule R2 /3/4

Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
07.00 -8.00am	Morning round	Morning round	Morning round	Morning round	Morning round
08.00 - 9.00am	Ward Report	**Morning report**	**MKSAP/OSCE**	**FHS Academic Rounds**	**Modular teaching**
09.15 - 11.30am	Rounds/Clinic	Rounds/Clinic	Rounds/Clinic	Rounds/Clinic	Rounds/Clinic
11.30- 12.30pm	Discharges	Discharges	Discharges	Discharges	Discharges
12.30 – 01.30 pm			ID Seminar	**Hospital CME**	
02.00 - 04.30pm	Ward work/ Clinic	Ward work**/Clinic**	Ward work/ clinic	Ward work/**Clinic**	Ward work/clinic
04.30 pm	Rounds per team by senior residents & Hand over	Rounds by senior residents & Hand over	Rounds by senior residents & Hand over	Rounds by senior residents & Hand over	All teams. Walking Hand Over

Other Teaching/Learning Sessions

Regular Teaching Activities

A number of regular teaching activities contribute to the development of the residents' clinical knowledge and skills. Attendance by the Residents, interns and the medical officers and medical students is mandatory and will be monitored with a sign-in sheet and filed on attendance at these. Attendance of all teaching activities must exceed 80%. It is very important that each resident attend every conference. The key departmental activities are the following:

- Morning Report
- Ward Rounds
- Journal Club
- Mortality & Morbidity
- Core Lectures for Residents *(Refer to core curriculum)*
- Case based Learning
- Residents PBL (Problem Based Learning)
- Residents Bedside Teaching
- Tumor Board meetings
- Nephrology rounds

Others

- Formative Assessment
- Subspecialty Conferences
- Advanced Cardiac Life Support (ACLS) Course
- Weekly CME Attendance

DUTIES AND RESPONSIBILITIES OF RESIDENT

R1
Team rotations and ward rounds
Predominantly ward work
Create question for dissertation
Prescription/T sheet
A/E, general medicine and ICU external rotations

R2
Team rotations and ward rounds
Two clinics a week
Psychiatry and general medicine rotation
Develop proposal for thesis during research month

R3
Team rotations and ward rounds
Two Clinics a week (minimum)
Subspecialty rotations – ICU
An elective rotation of choice
Focus on Thesis and data collection during research month

R4
Team rotations and Ward rounds
Completion of dissertation during research month
Focus on Out Patient Clinics
Elective rotations of choice
Supervisory role to other residents
Administrative tasks

Assignments Once a year
A particular consultant will supervise these and the Program Director will responsible for ensuring they are being conducted

Year 1 – **Review of basic science concepts**

Year 2 – **Audits**

Year 3 – **Trends in management/Case report/series**

Year 4 – **Submissions of Thesis**

EVALUATION AND ASSESSMENT OF RESIDENTS

Learning Tools

- There are various learning tools being used by the university which will provide a record of learning
- These tools will all contribute to final assessment for the resident
- Their use will be monitored by the program director and the individual consultants on the various teams
- Failure to use these learning tools as required or failure to meet the requirement by the consultants/ trainers, may result in a resident's failure to progress to the next year of their training
- The details on the use of these logs will be detailed to the Year one at orientation and by the Program Director who will be responsible to monitor their use and who reports on them to the Academic Office.
- The tools include the following

1. Procedure Log

This is a record of the procedures done in the wards or out-patient and serves to assess the technical competence of the resident. Each procedure should have a date and a signature of the person who has supervised the procedure or ascertained that it has been done well.

This document will be availed to the external examiners as part of the examination process.

2. Learning Log

This is presented in the form of a booklet. The purpose of the learning log is to record the events of learning based on patient care. Both clinical and related issues are documented. It is a tool that enables cognitive assessment to occur with the purpose of learning to reflect on practice and to develop in the resident the quest for lifelong learning. It is a tool that will be reviewed by the consultant and program director regularly. If used well, it is a valuable tool for self-evaluation, reflection and a means of documenting evidence of learning.

This document will be availed to the external examiners as part of the examination process.

3. Reflective Diary & Significant Event Record

This is a record that is aimed to be a reflection, for the resident of a significant event and its meaning and purpose to the resident. It should include both clinical and non-clinical events and should be a reflection of the ability of the resident to internalize events and relate them to their everyday life for purposes of becoming a better clinician and individual

4. Written tests/essays

These will be given to the resident at different stages of the rotation and will be scheduled

5. **Journal Clubs & Teaching presentations**
   These make part of the presentation for the resident to the department.
   They are on the teaching schedule every month

6. **Case Presentations**
   These are a regular part of teaching activities and there will be opportunity for these also during the morbidity and mortality meetings

Residents Evaluations

Evaluation of the residents is maintained by the Program Director.
Evaluation comprises two aspects

1. Formative assessment
2. Summative Assessment

Formative Assessment
The purpose of this assessment is to provide feedback during the process of training that allows both resident and faculty to make positive changes as an ongoing process.

- There will be mid rotation and end rotation feedback sessions with the consultant in the team, which will be discussed with the resident. (Form A) There will be two of these in each rotation. The purpose of this feedback will be to provide continual guidance and room for improvement for the resident during the 3 months they are in a particular rotation.

- At the end of every Rotation, there will be a formative assessment comprising
  - OSCE
  - ISAF

- There will be a continuous assessment test (CAT) at the end of every module. These will be multiple-choice questions with a best of five answers.

- A consultant teaching the module has the freedom to use an essay as part of this assessment in addition to the MCQ style of testing.

- There will be an Annual Assignment (Below)

- Every three months the residents will meet Program Director for follow up on Learning Tool use and feedback sessions. This interval may be shortened for a struggling resident.

- The residents will evaluate their faculty and to give them feedback every three months after each rotation

- All sessions of formal feedback MUST be signed by resident and faculty member.

- A Multi – Source feedback assessment **(MSF)** may be conducted twice a year

- **MINI-CEX** These forms shall filled at a minimum of twice a month and they will capture cases observed on the ward round or in the out patients dept. as evidence that residents are regularly engaging with their supervisors for learning.

- If a student is not progressing at the standard required this feedback will be given as early in the program as possible.

Summative Assessment

- End of rotation Assessment form will be filled by the consultant heading the team for each resident
- Interim Summative Assessments Forms (ISAF) will be filled in quarterly with the resident and at least two members of faculty and sent to the directorate. This will form an important source of information for assessment for eligibility for candidates to sit the MMed part 1 and part 2 Examinations.

- If a candidate is deemed to have performed poorly during the formative appraisal the DBE Department Board of Examiners has the right to refuse the candidate to sit the examination and this will be documented in the ISAF and the candidate informed of this decision at least a month before the examinations.

- The candidate will be continuously kept informed of their performance and review by Faculty and the PD will be on going.
- The part 1 MMed Examination will be held after the second year of training. A pass is required in this exam to proceed into the next year of the training and the faculty must be satisfied with the formative assessment of the resident.

- After each rotation, performance is evaluated by the attending physician(s).

- These written reports filled in the evaluation form are kept in the resident's permanent file. A resident may review that file any time he or she wishes.

- Residents are evaluated based on procedural skills, fund of medical knowledge, medical management ability, patient communication and relationship skills, acceptance of supervision, work ethic, patient-centered focus, understanding and application of socioeconomic principles, and medical record completion.

- The verbal feedback regarding the evaluation by the faculty is also given.

- The Residency Program Director and the Interns and Residents committee review progress of residents regularly.

- The program director meets the residents every three months to evaluate their performance and listen to their concerns or more frequently if a Resident requires the additional support.

- Resident are required to evaluate the faculty at the end of their rotation. The confidential evaluations are reviewed by the Department of Medicine, Chair.

- There will be feedback of your faculty at the end of each rotation. This serves to give feedback that will go to improving the quality of teaching to the residents. (FORM C)

MINIMUM REQUIREMENTS FOR FORMATIVE AND SUMMATIVE ASSESSMENTS PER CALENDAR YEAR. Subject to change as per rotation schedule.

DATES	TOOLS, Number of assessments required
February, May, August	**MAST (3)**
March, June, September	**End of Rotation Assessments (3) – OSCEs and ISAF (3)**
April, September	**MSF (Multi – Source Feedback) (2)**
Bi-monthly	**Mini – CEX to be done on ward rounds or OPD and signed by evaluating consultant (minimum – 12/year)**
Monthly	**Long case (1 per month)**
Procedure documentation	**DOPS (learning log/procedure book)**

	MAST	MINI-CEX	End Rotation Form	MSF	ISAF	LONG CASE	Faculty Evaluations
January Feb March	1	6	1		1	3	1
April May June	1	6	1	1	1	3	1
July Aug Sept	1	6	1	1	1	3	1
October November December	1	6	1		1	3	1
Minimum	**3**	**24 (12 – min)**	**3**	**2**	**3**	**10**	**3**

ELIGIBILITY FOR PROMOTION FROM ONE LEVEL TO THE NEXT AND ELIGIBILITY TO SIT THE MASTERS OF MEDICINE (M.MED) EXAMINATIONS

S No.	**Criteria**
1 (a)	Fulfilling scheduled clinical rotations and registered attendance of not less than 80%
(b)	Fulfilling attendance and participation at core curriculum lectures and tutorials with no less than 80% attendance:
c)	Fulfilling attendance and participation at common courses with no less than 80% attendance. This is tracked by the Academic Office.
2.	Interim summative assessments and summary of feedback: At least 3 appraisals per year required. This will include written Continuous Assessment Tests (CATs) as well as relevant skills assessment.
3.	Satisfactory performance in MOCK Examinations
4.	Fulfillment of dissertation timelines at different stages and passed dissertation by year 4 of training

Leave Policy for Residents

These points are in addition to the leave policy for the employees of AKU**.**
Maximum number of residents on leave at one time will NOT BE more than TWO**.**

- Applications for leave will be submitted at the beginning of the year unless there is an emergency leave.
- Leave planner for residents to be displayed on the notice board.
- Documentation of all leaves (sick and earned leaves): When a resident goes on leave he/she signs a leave register maintained by the secretary at the time of going on leave and resuming duty**.**
- Disciplinary action for all uninformed, unplanned and unapproved leaves, e.g. an extra night call.
- There is no casual leave for the residents.
- All leaves are to be informed to program director/chief resident/physician in charge and secretary, in that order, before 10 a.m., otherwise it would be treated as unpaid/uninformed leave.
- Maximum duration of leave for residents is two calendar weeks at one time with allocation for two leaves in a year.
- Certificate (medical) to be attached with sick leave application

APPENDICES

Appendix I: Recommended texts for reading

Appendix II: List of Faculty

Appendix III: Program residents 2016

Appendix IV: Assessment forms

Appendix V: Student code of conduct and disciplinary procedures

Appendix VI: Graduate Programme Student Handbook (given to residents as a separate document)

Appendix I: Reading Texts

The department recommends the following standard texts:

1. Harrison's Text book of Medicine
2. Hutchison's Clinical Methods
3. New England Journal of Medicine
4. UpToDate Online
5. Other Reference texts and journals will be guided by the subspecialty Programme coordinators

2.0 Useful references

2.1 *Little Book of Plagiarism*. Leeds Metropolitan University
www.lmu.ac.uk/the_news/oct03/PlagiarismFinal.doc

2.2 Higher Education Commission, Pakistan
www.hec.gov.pk/InsideHEC/Divisions/QALI/QualityAssurance/QADivision/Pages/Plagiarism.aspx

2.3 McMaster University: Academic Integrity Video
www.mcmaster.ca/academicintegrity/video/video3.html

Appendix II: List of Faculty

Full Time Faculty

1. Prof. Michael Chung	**Chair – Internal Medicine/Infectious Diseases**
2. Dr. Sayed Karar Ali	**Program Director- Internal Medicine/Palliative Care**
3. Dr. Sitna Mwanzi	Internal Medicine/Oncology
4. Dr. Asim Jamal	Internal Medicine/Oncology
5. Dr. Jeilan Mohamed	Internal Medicine/Interventional Cardiology
6. Dr. Anders Barasa	Internal Medicine/Cardiology
7. Dr. Mzee Ngunga	Internal Medicine/ Cardiology
8. Dr. Dilraj Sokhi	Internal Medicine/Neurology
9. Dr. Sylvia Mbugua	Internal Medicine/Neurology
10. Dr. Herman Ekea	Internal Medicine/Intensive care unit (fellowship training)
11. Dr. Nancy Kunyiha	Internal Medicine/Diabetology and Endocrinology
12. Dr. Eric Njenga	Internal Medicine/Diabetology
13. Dr. Wangari-Siika	Critical care physician
14. Dr. Barbara Karau	Critical care physician
15. Dr. Salim Hassanali	Pulmonology and critical care
16. Dr. Ahmed Sokwala	Internal Medicine/Nephrology
17. Dr. Allan Rajula	Internal Medicine/Gastroenterology
18. Dr. John Weru	Palliative Care
19. Dr. Anne Mwirigi	Hemato-oncology
20. Prof. Malkit Riyat	Hemato-oncology
21. Dr. Fred Otieno	Internal Medicine/Rheumatology
22. Dr. Reena Shah	Internal Medicine/ Infectious Diseases
23. Dr. Ahmed Komen	Internal Medicine/Radiotherapy
24. Dr. David Misango	Internal Medicine/Critical Care
25. Dr. Emily Mugambi	Internal Medicine/Critical Care
26. Dr. Juma Bwika	Pulmonary Medicine

PART TIME FACULTY

1. Dr. M. V. Shah	Internal Medicine/Gastroenterology
2. Dr. Swati Das	Internal Medicine/Pulmonology
3. Dr. F. A. Okoth	Internal Medicine/Gastroenterology
4. Dr. George Moturi	Internal Medicine/Nephrology
5. Dr. A. Matharu	Internal Medicine/Cardiology
6. Dr. S. Chauhan	Internal Medicine/Endocrinology
7. Dr. Peter Mativo	Internal Medicine/ Neurology
8. Dr. Nelly Kitazi	Internal Medicine/Psychiatry
9. Dr. Pacifica. Onyancha	Internal Medicine/Psychiatry
10. Dr. J. M. Chakaya	Internal Medicine/Pulmonology
11. Dr. D.M. Owili	Internal Medicine/Dermatology
14. Dr. Abda F. Khan	Internal Medicine/Dermatology
15.Dr. Bernard Owino	Internal Medicine/Rheumatology
16. Dr. Simon Njuguna	Internal Medicine/Psychiatry
17.Dr. Mark Hawken	Internal Medicine/Infectious Diseases
18.Dr. Melanie Miyanji	Internal Medicine/Dermatology
19.Dr. Ahmed Twahir	Internal Medicine/Nephrology
20.Prof. Rodney Adams	Infectious Disease/Pathology

27. Appendix III: PROGRAM RESIDENTS – 2018

FOURTH YEAR
Dr. Miriam Wangari Gatehi
Dr Rajiv Vijaykant Khimji Patel
Dr Abdulaziz Mansur Abeid
Dr Violet Awori

THIRD YEAR
Dr Joseph Odunga Abuodha
Dr. Caroline Mithi
Dr. Mohamed Said
Dr. Joe Rakiro
Dr. Salim Abdulkarim

SECOND YEAR
Dr. Imran Jamal
Dr Adil Salyani
Dr Karishma Sharma
Dr Soraiya Manji
Dr Jamila Nambafu

FIRST YEAR
Dr Linda Barasa
Dr Antonina Obayo
Dr Pascal Kuka
Dr. Anthony Ochola
Dr. Kelvin Orare
Dr. Janet Koros

CHIEF RESIDENT
Dr. Joseph Aboudha

PROGRAM ASSISTANT/OFFICER

Ms Janet Mutiso

Appendix IV: Assessment Forms

LONG CASE ASSESSMENT FORM

RESIDENT_____ YEAR_____ DATE _____

CASE _____

COMPONENT	KEY FEATURES / COMPONENTS TO BE CONSIDERED	SCORE	COMMENT (Must be inserted for very low or high scores)
History Taking	▪ Communication (clarity/focus/coherence) ▪ Ability to elicit and elaborate key relevant findings ▪ Ability to provide a synthesized summarize ▪ Provisional Diagnostic Formulation from history	**/20**	
Examination findings and Technique	▪ Focused /Organized examination, **relevant to history** ▪ Demonstrates correct technique ▪ Appropriate use of clinical diagnostic tools to demonstrate signs	**/10**	
Discussion	▪ Overall case synthesis ▪ Differential diagnosis ▪ Rational decision making in choice of investigations and treatment options.	**/10**	
Total marks		**/40**	**Overall comment**

ASSESSOR:_____

DESIGNATION _____

Signature:_____

(MAST) Mutually Agreed Statement of Training/Feedback Form (MAST)

Department of Medicine Aga Khan University Hospital, Nairobi

Name:_____ Level of Residency_____

Period From: _____ To: _____

Consultant: _____

Statement	**Resident Comment**	**Assessors Comments**	**Agreed Statement**
Patient problem solving ability: Clinical judgment and decision making			
Note keeping :Adequate documentation			
Emergency care			
Work load Opinion on quantity and relevance for coping			
Relationship with patients			
Relationship with staff: • receptionists • nurses • midwives • managers			
Relationship with colleagues/ peers			
Relationship with Teachers/educators			
Punctuality			
Professional values			
Procedure techniques and manual skills related to specialty			
Involvement in tutorials, case presentations, morbidity and mortality meetings, seminars and workshops			

Resident _____ Signature _____ Date _____

Preceptor _____

Aga Khan University
Postgraduate Medical Education - East Africa

Formative Assessments, Interim Summative Assessments and Summative ITER Form

Name:

Rotations completed during this period:(Rotation, Site and Dates) PGY:

Competency - expectations for rotation and/or level of training	Does not apply	Could not evaluate	Rarely meets	Inconsistently meets	Regularly meets	Frequently exceeds	Consistently exceeds
			1	2	3	4	5
1. MEDICAL EXPERT/MEDICAL KNOWLEDGE							
a) basic science knowledge							
b) clinical knowledge							
c) history taking and physical examination - complete, accurate, organised							
d) clinical decision making e.g. data interpretation and diagnostic skills							
e) recognition and management of emergencies							
f) technical and procedural skills							
2. COMMUNICATION SKILLS							
a) communicates effectively with patients and families							
b) communicates effectively with other health professionals							
c) written medical records are legible, timely and accurate							
3. TEAM PLAYER/INTERPERSONAL SKILLS							
a) recognizes roles of, and interacts effectively with other health professionals							
b) consults and delegates effectively							
c) works well with non-medical/ancillary staff							
d) demonstrates good interpersonal skills							
4. SYSTEM BASED PRACTICES							
a) uses information technology effectively							
b) allocates finite healthcare resources wisely							
c) Transitions patient within and across health care systems							
d) recognizes system errors and tries to improve them							
e) effectively manages time							
5. PATIENT CARE/HEALTH ADVOCATE							
a) provides care that is compassionate, appropriate and effective for treatment of health problems							
b) gathers and synthesizes accurate and pertient informations on each patient							
c) develops and acheives a comprehensive plans for each patient							
d) manages patient with progressive responsibility and independence							
e) identifies socio-economic determinants of health of patient and communities							
f) understands when and how to advocate appropriately on behalf of patients and communities							
6. SCHOLAR							
a) maintains learning log consistently							
b) actively addresses learning needs identified in learning log							
c) critical appraisal - literature, feedback from supervisors, own practice							
d) undertakes further training or study where necessary							
e) contributes to development of new knowledge							
f) provides feedback to peers constructively							
7. PROFESSIONAL							
a) demonstrates integrity, honesty, compassion and respect for diversity							
b) applies ethical principles appropriately							
c) seeks and accepts advice, demonstrates awareness of personal limitations							
d) manages time efficiently							
e) meets deadlines, is punctual and follows up on tasks							
8. PRACTISE BASE LEARNING							
a) learns and improves via feedback							
b) learns and improves at the point of care							
c) reflects upon practices and acts to improve them							

Summary of Feedback (Strengths, Weaknesses, Recommendations)

REPORT

a) Proceeds to the next rotation	x	(within the year)
b) Promoted to the next academic year	[ ]	(end of academic year)
c) Successfully completed training program	[ ]	(final year resident)
d) Other _____		

FORM C - FACULTY EVALUATION FORM

Postgraduate Medical Education – AKU (EA)
Faculty Appraisal by Residents

Please answer these questions as fully as you can, giving examples where possible. Your answers will help greatly with the development of good and effective teachers in AKU (N) – not only to help you get the most from your learning but for those who follow you.

Name of rotation: ……

Period of rotation: ……

Name of faculty: ……

Clinical Knowledge

1. **Did you feel this teacher has a good knowledge base for their teaching?**

……
……

2. **Do they answer questions clearly and encourage enquiry and discussion when teaching residents?**

……
……

Teaching Academic Material: the theory behind clinical practice

1. **Does this teacher explain the theory behind clinical conditions and help you to understand the ideas underpinning practice?**

……
……

2. **How effective and useful are the teaching materials or visual aids used assist you in learning?**

……
……

3. **Could the teacher improve on any of the areas above – if so, how?**

……
……

4. **Would you say that your teacher has a positive attitude towards their teaching – are they enthusiastic and interested?**

……
……

Teaching Clinical Skills

1. **When teaching clinical skills with patients, does your teacher allow you time and space to understand their practical demonstration?**

……
……

2. **Do they provide opportunities for you yourself to perform procedures/ undertake patient consultations / report films and give you appropriate supervision?**

……
……

3. **Do they encourage you to make your own independent decisions about the patients you see in clinical practice?**

……
……

4. **How would you rate your teacher in their ability to encourage you to critically analyze an event before making a decision?**

……
……

Does this teacher offer a good role model to you?

1. **Specifically, how would you score them in the following dimensions?**

a). Communication with patients and colleagues;

……
……

b). empathy with patients;

……
……

c) concern for good outcomes

……
……

Overall, what did this teacher

(a) Do really well

……
……
……

(b) Need to improve upon?

……
……
……

FORM D: END OF ROTATION OSCE FORM

Candidate Name: _____ PGY: _____

Station:

COMPONENT	(25 marks)	Duration (10 - 15min)	Comments(Must be inserted if low or very high scores given)
Physical Examination Correct technique Thorough Fluent Systematic	/6	6min	
Detection of physical findings Identifies all correct findings Does not find signs that are not present	/5		
Synthesis and Presentation Gives good summary	/3	2min	
Differential diagnosis Suitable and includes correct diagnosis	/4	1min	
Discussion (Focused on Basic Science)	/7	5min	
Total Score	/25		

Examiner: _____ Signature: _____

Feedback Provided:

OSCE ASSESSMENT FORM PART 2

COMPONENT	**Part 2 (25)**	**Duration (10 - 15min)**	**COMMENTS (Must be inserted for very low or high scores)**
Physical Examination Correct technique Thorough Fluent Systematic	/6	6min	
Detection of physical findings Identifies all correct findings Does not find signs that are not present	/5		
Synthesis and Presentation Gives good summary	/3	2min	
Differential diagnosis Suitable and includes correct diagnosis	/4	1min	
Discussion (Clinical judgment) Sensible and suitable management plan	/7	5min	
Total Score	/25		

Examiner: _____ Signature:_____

Feedback Provided:

DATA INTERPRETATION

Time Allowed: 10 minutes
3 minutes for uninterrupted observed examination
7 minutes for discussion with candidate

INSTRUCTION: **Interpret this IMAGE**

MARKS: 15

	Component	**Marks**
1.	Summarizes the image systematically	**/3**
2.	Interpretation of findings	**/3**
3.	Anatomical co-relation of signs	**/2**
4.	Discussion. ▪ Differentials ▪ Investigations ▪ Synthesis of findings with clinical	**/7**
	TOTAL	**/15**

FORM F- END OF MODULE ASSESSMENT FORMS

EVALUATION OF ROTATION/MODULE

Name: _____ Date of Rotation: From _____ to _____

Rotation/Module:_____

Rating Scale: **1** = Unsatisfactory **2** = Fair **3** = Good **4** = Very good **5** = Outstanding

Leave blank when not applicable

	1	**2**	**3**	**4**	**5**
TEACHING ACTIVITIES a) Outline of objectives of module and topics selected for presentation. b) Quality of facilitation of presentations including feedback c) Faculty involvement and facilitation through the module. d) Availability and punctuality of facilitator e) Relevance of taught material to program and training needs.					

Your comments/suggestions:

_____

DO NOT SIGN

DEPARTMENT OF MEDICINE
AGA KHAN UNIVERSITY
FACULTY EVALUATION

Name of Faculty: _____ **Todays date:** _____

Rotation: _____ **Dates of rotation:** _____

	Unsatisfactory 1	Fair 2	Satisfactory 3	Excellent 4	Outstanding 5
Attitude towards Patient and Family *Is caring and empathetic with adequate communication skills.					
Attitude towards Residents and other Learners *Treats team members with respect					
Leadership *Outlines rotation objectives. *Encourages critical analyses and decision-making. *Provides appropriate supervision and feedback.					
Enthusiasm for teaching *Encourages discussions and questions. *Uses effective teaching methods with pertinent reading material *Fosters resident growth					
Availability/Punctuality *Available to answer questions and queries. *Punctual to rounds and other teaching sessions					
Clinical Ability *Demonstrates adequate medical knowledge and clinical skills. *Recognizes limitations. *Uses evidence based medicine to support clinical decision making					

COMMENTS:

DO NOT SIGN

RESIDENT'S FEEDBACK FORM

Name of Resident: Dr. _____ Level: R_1 R_2 R_3 R_4 (Circle one)

Rotation/s covered: _____ Period of rotation: _____

Feedback Date: _____ Department: _____

A). Assessment tools used: (Please check relevant box)

MAST		Written tests/essays	
Significant Event Record		Journal Clubs	
Evaluation of Rotation Forms		Case Presentations	
Ward/Grand Rounds		Reflective Diary	
		Learning Log	

Other (Specify)

B). Specific Assessment

(Indicators range from 1(Satisfactory) to 10(Excellent)
Please rate the resident's

		1	2	3	4	5	6	7	8	9	10
1	Knowledge base										
2	Clinical and management skills										
3	Professional attitude										

C) Feedback

	Action taken by Resident	Action taken by Faculty
Resident's Strengths		
Resident's Weaknesses		

D) Further comments: (Please attach any additional paper used)

Signature (Program Director/Coordinator):_____

Aga Khan University Hospital, Nairobi

Evaluation of Presentation

Presenter:-_____ Date: - _____

Faculty/Facilitator:_____

Title of presentation

(_____)

Type: grand round / journal club / case presentation / clinical rounds

PRESENTATION

- **Audibility** clear / satisfactory / barely audible / inaudible
- **Affect** enthusiastic / satisfactory / monotonous / boring
- **Speed** way too fast / too fast / just right / too slow
- **Appearance** impressive / presentable / satisfactory / poor
- **Language** eloquent / clear / satisfactory / poor
- **Rapport, eye contact** excellent / good / fair / poor
- **AV use** impressive / clear / satisfactory / poor

CONTENT

- **Controls amount** excessive content / too much / just right / insufficient
- **Controls time** perfect timing / squeezed / inefficient / no control
- **Clarity/organization** perfect / well organized / fair / disorganized, erratic
- **Knowledge, up-to-date** impressive / researched / fair / poor, old
- **Use of objectives** fulfills good objectives/good objectives poor objectives / No objectives
- **Provides summary** excellent / good / satisfactory / none
- **Interactive style** fully interactive/questions throughout/questions at end/no questions
- **Relevance to audience** highly relevant to all/relevant to most/relevant to some/irrelevant

Finally,

What behaviour would you like the presenter to continue?

_____

What behaviour would you like the presenter to stop?

_____

What did you like the most in the presentation?

_____

What did you like the least in the presentation?

_____

Department of Medicine

Journal Club

Presenter: _____

Evaluator: _____

Date: _____ **Level of Residency:** _____

Points on which scoring will be made		**1**	**2**	**3**	**4**	**5**
1	Selection of article					
2.	Understanding of topics and statistics					
3.	Communicates clearly					
4.	Gets their point of view/key learning across to the audience					
5.	Use of tables, charts and relevant visual aids					
6.	Uses appropriate gestures, body language and eye contact.					
7.	Searched article other than the one selected relevant to the topic.					
8.	Ability to defend or critique the selected article					
9.	Confidently handle the questions.					
10.	Looks at practical application of the article					

Comments: _____

_____

Evaluator's Signature:

_____

Presenter's Signature:

_____

Evaluation counting: Total Marks-50

1. Poor (Total Score=10-15)
2. Unsatisfactory (Total Score=15-25)
3. Satisfactory (Total Score=25-30)
4. Good (Total Score=30-39)
5. Excellent (Total Score=40-50)

Learning Log

Reviewed at: Mid Rotation Yes/No At the end of Rotation Yes/No

Comments by Resident: _____

_____

Comments by Preceptor: (e.g. Whether Resident is using it as a tool for self-directed learning)

Remarks or Recommendations: ……

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Signature: _____ Resident: _____

Date: _____ Preceptor: _____

Appendix V: Student Code of Conduct and Disciplinary Procedures

Student Academic Integrity Policy
Guidelines, Policies and Procedures

Policy Name	Student Academic Integrity Policy
Policy Number	017
Approved by	Academic Council
Date of Original Approval	July 22, 2010
Date of Revision	NA
Contact Office	Registrar's Office

1.0 Overview

1.1 The main purpose of a university is to encourage and facilitate the pursuit of knowledge and scholarship. The attainment of this purpose requires the individual integrity of all members of the University community, including all undergraduate, graduate and postgraduate students.

1.2 The mission, vision, values, policies and practices of the Aga Khan University declare unequivocally that academic integrity is considered an integral component of professional and ethical behavior.

1.3 It is the responsibility of all Aga Khan University students to ensure that all academic work (formative, summative, certifying, papers, theses, dissertations, professional examinations, midterms, finals, projects, group work assignment etc.) submitted as part of their course work and / or programme of study, in whole or in part, meets the University's test for academic integrity.

2.0 Students

2.1 *Definition:* for the purposes of this Policy, a student shall mean and include any individual admitted to and enrolled at the University for a course of studies leading to an undergraduate, graduate or postgraduate certificate, diploma or degree or any individual registered with any other university or institution who has been accepted for an approved programme of study or training at the University.

2.1.1 For the purposes of the Student Academic Integrity Policy, Postgraduate Medical Education (PGME) Interns, Residents and Fellows shall be deemed students of the University.

2.2 Students are responsible for being aware of and demonstrating behavior that is honest and ethical in their academic work, including but not limited to:

2.2.1 Following faculty member's instructions related to referencing sources of information, the proper methods for collaborating on academic work and / or engaging in-group work.
2.2.2 Asking for clarification of the instructions where necessary.
2.2.3 Ensuring that their academic work is not accessible to or being used by others. This includes protecting and / or denying access to computer files.
2.2.4 Adhering to the principles of academic integrity when conducting and reporting research.

2.3 Graduate students are responsible for familiarizing themselves with the definitions of breaches of academic integrity in the University's research related policies (cf. Item 7.0, "Related University Documents").

2.4 Students are responsible for their behavior and may face penalties under this Policy, if found to be guilty of academic misconduct.

3.0 Academic Dishonesty

It shall be deemed a breach of the University's Student Academic Integrity Policy to:

3.1 Collaborate improperly on academic work. (cf. Appendix A)

3.2 Submit the same or substantially the same academic work for two or more courses, without prior written approval of the member(s) of faculty

3.3 Plagiarize (cf. Appendix A)

3.4 Cheat on examinations, including the use of unauthorized aids during the writing of the examination

3.5 Submit false or altered documents

3.6 Submit false information or false medical documentation to gain a postponement, advantage or leave from mandatory session(s)

3.7 Provide a false signature for attendance at any class or assessment procedure or on any document related to attendance or the submission of material where the signature is used as proof of authenticity or participation in the academic assessment

3.8 Misrepresent academic credentials from other institutions or to submit false information for gaining admission or credits

3.9 Misrepresent registration / participation in a conference, seminar, symposium, etc.

3.10 Submit or present work as one's own that has been purchased or acquired from another source

3.11 Receive and / or distribute test or course materials that are in the process of being prepared or have been stored

3.12 Alter a grade or using altered course materials to have a course grade changed

3.13 Steal, destroy or tamper with another student's work

3.14 Forge, alter or fabricate Aga Khan University documents, including but not limited to transcripts, letters of reference or other official documents

3.15 Impersonate another student either in person or electronically for the purpose of academic assessment

3.16 Assist another student in the commission of academic misconduct

3.17 A breach of the University's *Policy on Research Misconduct*. (cf. Appendix A)

4.0 Disciplinary Proceedings: Academic Dishonesty

4.1 Academic misconduct is a serious disciplinary matter and, in addition to and notwithstanding the regulations provided herein, students charged with academic misconduct will be subject to the definitions and disciplinary procedures of the University's *Student Code of Conduct and Disciplinary Procedures.*

4.2 Notwithstanding the University's *Student Code of Conduct and Disciplinary Procedures,* when a student is found to have breached the University's Student Academic Integrity Policy, items 3.1 – 3.2, the following penalties may be applied independently or in combination for any single violation.

4.2.1 A letter reporting the academic dishonesty offence sent to the student and copied to the student's Dean / Director, the Registrar, the student's parents and / or a student's sponsoring agent.
4.2.2 A reduction of the mark on the piece(s) of academic work.
4.2.3 A mark of zero for the piece(s) of academic work.
4.2.4 A reduction of the overall course grade.
4.2.5 A failing mark for the course with a transcript notation.
4.2.6 Cancellation of admission to the University and /or enrollment at the University.
4.2.7 Suspension.
4.2.8 Expulsion.
4.2.9 A recommendation to Academic Council, the Board of Trustees and the Chancellor to rescind the student's degree.
4.2.10 Any other penalties as may be deemed appropriate for the circumstances.

4.3 Notwithstanding the University's *Student Code of Conduct and Disciplinary Procedures*, when a student is found to have breached the University's Student Academic Integrity Policy, items 3.3 – 3.17, the following penalties may be applied independently or in combination for any single violation.

4.3.1 Cancellation of admission to and / or enrollment at the University.
4.3.2 Suspension.
4.3.3 Expulsion.
4.3.4 A recommendation to Academic Council, the Board of Trustees and the Chancellor to rescind the student's degree.
4.3.5 Any other penalties as may be deemed appropriate for the circumstances.

5.0 Use of Plagiarism-Detection Software

5.1 Preamble

5.1.1 In an effort to ensure the highest academic standards, the University supports academic integrity through academic policies that define academic dishonesty.
5.1.2 The University and its faculty expect that all students will be evaluated and graded on their own individual work.
5.1.3 The University recognizes that students often have to use the ideas of others as expressed in written, published or unpublished works in the preparation of essays, papers, reports, theses, dissertations and publications.
5.1.4 The University expects that both the data and ideas obtained from any and all published or unpublished material will be properly acknowledged and sources disclosed including proper citations when work is copied or paraphrased. (cf. Appendix A)
5.1.5 Failure to follow this practice constitutes plagiarism.
5.1.6 The University, through the availability of plagiarism-detection software (e.g., Turnitin.com, iTheniticate, Plagiarism.org), desires to encourage responsible student behavior, deter plagiarism, improve student learning and ensure greater accountability amongst students.
5.1.7 Plagiarism-detection software uses proprietary search technology to check assignments against Internet resources, proprietary databases and previously submitted student assignments.

5.2 Policy

5.2.1 The University's Policy on the Use of Plagiarism-Detection Software will be published in all undergraduate and graduate programme Student Handbooks (or equivalent).
5.2.2 Faculty who wish to use plagiarism-detection software in their course(s) must comply with the requirements set out in this Policy.

5.2.2.1 "Use" is defined as member of faculty submitting students' assignments to plagiarism-detection software themselves and/or faculty members

requiring students to submit their papers to plagiarism-detection software before papers are graded.

5.2.3 In the courses in which members of faculty intend to use plagiarism-detection software they must communicate this to the students in the course syllabus. The course syllabus should include:

5.2.3.1 A notice that plagiarism-detection software will or may be used for all student papers in the course:

Sample Statement

In this course, you will be required to submit some material in electronic form. When this is required, it will be noted. The electronic material will be submitted to _____, a plagiarism-detection service to which AKU subscribes. This service that checks textual material for originality. It is increasingly used in universities around the world. A page describing the plagiarism-detection software the University's reasons for using it are attached.

5.2.3.2.1 A notice to students that the work they submit to plagiarism-detection software will become part of the plagiarism-detection software database;

5.2.3.3 A statement that if the student objects to having his or her paper(s) submitted to the student papers database of plagiarism-detection software, that objection must be communicated in writing to the instructor at the beginning of the course. The paper(s) will then be run through plagiarism-detection software excluding the student papers database, thus omitting the depositing of the paper(s) into that database.

5.2.4 Students who are advised of the use of plagiarism-detection software in a particular course, as set out above, are deemed to agree, by taking the course, to submit their papers to plagiarism-detection software for "textual similarity review."

5.2.5 Students at all times retain the copyright in their work. Moreover, plagiarism-detection software protects students' privacy because it does not make students' papers available to outside third parties. Students should be advised of this.

5.2.6 In the courses in which plagiarism-detection software will or may be used, students should be provided with instruction and/or resources about what plagiarism is and how to avoid it.

5.2.7 Where the results of a plagiarism-detection software originality report may be used to charge a student with academic misconduct, the student must be notified of the result of the report, and the student must be given an opportunity to respond before any disciplinary penalty is imposed. The date,

time, and results of such a meeting should be documented. A hard copy of the original plagiarism-detection software originality report must be retained.

6.0 Office of the Registrar

6.1 The Office of the Registrar shall be responsible for developing policies and procedures to detect misrepresentation of credentials during the admissions process and to provide support in maintaining academic integrity during the writing of examinations.

6.2 The Office of the Registrar is responsible for the procurement of plagiarism detection software.

6.3 The University Registrar, or his representative, will act as the secretary to academic misconduct-related disciplinary proceedings.

7.0 Related University Documents

7.1 Student Code of Conduct and Disciplinary Procedures

7.2 University Policy on Research Misconduct

7.3 Guidelines for Authorship

7.4 Policy on Code of Good Research Practice and Access to Patient Data

GRIEVANCE AND APPEALS PROCESS

8.0 Appeals

8.1 Any appeal of the Dean's / Director's decision must be made within 10 working days of the date of the letter notifying the student of the decision.

8.1.1 Disagreement with the Dean's / Director's decision is not a reason for appeal.
8.1.2 Students must clearly state the reason for the appeal.
8.1.3 Students must make their appeal in writing.
8.1.4 An appeal may only be made by the student. Appeals received from parties other than the student will not be considered.

8.2 Appeals should be addressed to the University Registrar who will be responsible for forwarding the matter to the University's Provost.

8.3 In cases where the Provost is not available to consider an appeal within the prescribed timelines, the Provost will forward the matter to a Dean / Director who will act in his / her place.

8.3.1 The Dean / Director selected by the Provost may not be the Dean / Director of the student's academic entity.

8.3.2 Once selected the Dean / Director shall become the Provost's designate.

8.4 Upon the receipt of an appeal, the Provost or his / her designate will convene and refer the matter to an Appeals Committee for investigation and review.

8.5 The Appeals Committee

8.4.1 The Appeals Committee will be an ad hoc committee and shall consist of three members of the faculty and senior staff of the University, one of whom shall be the Chairperson.

8.4.2 The Appeals Committee will be entitled to use services of any personnel of the University as the Committee may deem appropriate for the purposes of assisting the Committee in conducting the disciplinary proceedings.

8.5 The Appeals Committee's proceedings:

8.5.1 Will be conducted in a fair and transparent manner.

8.5.2 Will invite the concerned student to present his/her point of view.

8.5.3 May, at its discretion, call other people deemed appropriate for seeking any information or evidence with regard to the offence.

8.5.4 Unless otherwise authorized by the Provost or his / her designate the Appeals Committee will complete its proceedings within 10 working days.

8.5.6 The outcome of the Appeals Committee's investigation will be communicated to the Provost or his / her designate in writing.

8.5.7 The Provost or his / her designate may act upon the recommendation(s) of the Appeals Committee or in accordance with his / her judgment.

8.5.8 In exercising his / her right of a making decision, the Provost shall not be required to provide a hearing to the student.

8.5.9 The decision of the Provost or his / her designate shall be final and binding on all parties.

8.5.10 A copy of the decision will be sent to the University Registrar.

9.0 Sharing of Information

9.1 Where appropriate, information about a disciplinary offence may be passed on to the student's parents/ guardians/ sponsors. The student or parent or both may also be required to give written assurances or undertaking to support expected conduct throughout his/ her stay at the University.

10.0 Confidentiality

10.1 The disciplinary proceedings held under the provisions of this Code of Conduct shall be of a confidential nature. To ensure the safety and security of all concerned, all information, statement, evidence, material, etc. received and/or presented during the disciplinary proceedings shall be kept strictly confidential

and the students will not be entitled to have access to and/or seek copies of any of the record(s) of the disciplinary proceedings.

11.0 Definitions

11.1 Student: shall mean and include any person enrolled at the Aga Khan University for a course of studies leading to an undergraduate, graduate or postgraduate certificate, diploma or degree or any person registered with any other university or institution who has been accepted for an approved programme of study or training at the University.

11.1.1 For the purposes of the Student Code of Conduct and Disciplinary Procedures, PGME Interns, Residents and Fellows shall be deemed to be students of the University.

11.2 Provost: The University's chief academic officer. For the purpose of application of this Code this term shall be deemed to include the Acting Provost or his / her designate.

11.3 Dean / Director: The head of an AKU academic entity, for example, the Medical College, School of Nursing or Institute for Educational Development or the Institute for the Study of Muslim Civilisations. This term shall deem to include Acting Deans / Directors or their designate.

11.4 Academic Entity**:** Unless otherwise indicated, an academic entity shall include the Medical College, the School of Nursing, the Institute for Educational Development, the Institute for the Study of Muslim Civilisations or any other college, school, institute of the University.

11.5 Suspension: refers to the act of debarring a student completely or partially from the activities of the University for a specified period of time. Upon expiry of the period of suspension, the student will be readmitted, contingent upon the terms and conditions of the suspension without any obligation or liability whatsoever on the part of the University or any of its members of staff, faculty or officers.

11.6 Expulsion: refers to the termination of enrolment at the University.

11.7 Fine: shall refer to an order by the University for a student to pay a sum of money to the University as penalty for any offence committed by the student. The student may or may not be permitted to continue with the course of studies until the fine has been paid.